V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1942

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 15596 / 0

Registrar's No. 1024

96 0 0

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. 12/6/41 (Specify whether years, months or days)
In this community: unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 3892-A Windsor Street 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - / years.

3. (a) PRINT FULL NAME: Jesse Swinney
3. (b) If veteran, name war: World War - 1918
3. (c) Social Security No.: None.
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: / Married
6. (b) Name of husband or wife: Iola
6. (c) Age of husband or wife if alive: ? years
7. Birth date of deceased: June (Month) 17 (Day) 1894 (Year)

8. AGE: Years 47 | Months 10 | Days 21 | If less than one day: hr. min.

9. Birthplace: Baldwyn (City, town, or county) Miss. / (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: -

MOTHER FATHER
12. Name: George Swinney
13. Birthplace: Miss. / (City, town, or county) (State or foreign country)
14. Maiden name: Maggie Pierce
15. Birthplace: Miss. / (City, town, or county) (State or foreign country)

16. (a) Informant: M. Schulley
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Nat'l Jefferson Barracks
18. (a) Signature of funeral director: J. H. Randle & Son
(b) Address: 3133 Beebe Ave
19. (a) MAY 9 - 1942 (Date received local registrar) (b) C. H. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1942 hour 9:20 minute a. M.

21. I hereby certify that I attended the deceased from December 6, 1941, to May 8, 1942 that I last saw him alive on May 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic heart disease, cardiac enlargement, myocardial damage, mitral valve
Due: damage and myocardial insufficiency. Unkn.
Due to: -
Other conditions: Chronic fibrous pleurisy and chronic bronchitis.
(Include pregnancy within 3 months of death)
Major findings: Of operations: -
Of autopsy: No autopsy.

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (Specify type of place) (Specify type of place) (Specify type of place)
23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer Date signed: 5/8/42.

107 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Houlton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.